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Fee Guideline for Fast-Track Medical and Rehabilitation Designated Assessment Centres

Superintendent's Guideline No. 03/03

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Introduction

The Guideline is to be used in conjunction with the new Medical/Rehabilitation Designated Assessment Centre (DAC) Assessment Manual issued by the Minister's Committee on the DAC System.

With the implementation of the new regulations introduced under Bill 198, medical/rehabilitation DACs are required to implement a new type of DAC process involving disputes regarding both the Whiplash Associated Disorder Grade I and II (WAD I and WAD II) Pre-approved Framework Guidelines as well as disputes involving an Application for Approval of an Assessment or Examination.

The new process is described within the new Medical/Rehabilitation DAC Assessment Manual and is based on a fast-track assessment process that requires DACs to deliver their assessment reports within 5 business days.

Designated Assessments Covered by this Guideline

This fee Guideline applies to any designated assessment involving disputes over an Application for Approval of an Assessment or Examination and disputes involving the WAD I and WAD II Pre-approved Frameworks.

1) Disputes over an Application for Approval of an Assessment or Examination

These disputes include any disputed assessment or examination that require pre-approval by an insurance company under section 24 of the Statutory Accident Benefits Schedule (SABS). These may include assessments to complete treatment plans, assessment of attendant care needs, disability certificates, and catastrophic determination applications.

The fee for a Fast-Track Medical/Rehabilitation DAC assessment, applicable to disputes involving the OCF-22 Application for Approval of an Assessment or Examination, is **$450.00**. This fee is subject to G.S.T. where applicable.

There are exceptional cases in which additional charges may apply. These cases involve situations where the complexity of the case prohibits a DAC from conducting an assessment utilizing a single health professional. These cases may include:

1) Assessments involving serious injuries requiring a DAC with an extended authorization (Acquired Brain Injury or Spinal Cord Impairment), or

2) Complicated, multiple-provider Applications for Approval of an Assessment or Examination or Applications that exceed $5,000.00 and cannot be completed with a single DAC assessor. In these cases, the basic cost is increased by $250.00 per additional DAC assessor required.

2) Disputes relating to the Pre-approved Framework Guidelines

Disputes arising at the initiation of treatment under the WAD I or WAD II PAF Guideline

There may be cases where a dispute arises at the time that treatment under a WAD I or WAD II PAF Guideline should be initiated. These fall into two general categories:

a) disputes pertaining to whether or not the accident related condition(s) or impairment(s) of the person are WAD I or WAD II injuries that come within a PAF Guideline; or

b) disputes involving whether or not there are specific pre-existing occupational, functional or medical circumstances of the person that significantly distinguish the person's needs from the needs of other persons with similar impairments that come within the Guideline and constitute compelling reasons why other proposed goods or services are preferable to those provided for under the Guideline.

These designated assessments are intended to be done as paper reviews. The fee for these assessments is **$450.00**.

If however, the DAC determines that a direct assessment is necessary as a result of the need to address disputes involving the nature or status of the claimant's impairment, then the following fees apply to such an assessment:

i) Chiropractor, Physician or Physiotherapist: **$775.00**
ii) Medical Specialist: **$900.00**

The No-Show Fee for these direct assessments is **$450.00**. The fee for assessments where an insurer cancels an assessment before an appointment has been confirmed is **$250.00**.

These fees are subject to G.S.T. where applicable.

Disputes regarding treatment during the WAD I or WAD II PAFs

In addition to these two categories of dispute, there may be cases where a designated assessment is required to address disputes regarding treatment requested while the claimant participates in treatment under the WAD I or WAD II PAF Guidelines. While the patient is receiving treatment under the WAD II PAF Guideline, a designated assessment may only be completed for disputes involving the following simultaneous services:

a) regarding the Activities of Normal Living Intervention service; or
b) an OCF-18 Treatment Plan completed by the initiating health practitioner (IHP) or another health professional on referral from the IHP and accompanied by the form in Appendix C of the WAD II PAF Guideline.

The fee for these designated assessments involving treatment disputes during a PAF Guideline is **$450.00**.

This fee is subject to G.S.T. where applicable.

The final invoiced fee will be reduced for any Fast-Track DAC assessment that fails to comply with the time frames set out in the SABS. If any medical/rehabilitation DAC fails to issue its Fast-Track DAC report within 5 business days as set out under section 43 of the SABS, the flat assessment fee as determined by this guideline will be reduced by 10% of the initial fee for each day that the DAC fails to issue their report.

This Fee Guideline becomes effective October 1, 2003. No additional administrative charges may be applied to these fees.